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1933 7590 05/03/2011
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<u>Francine E. Smith</u> <i>Francine E. Smith</i>	(Depositor's name) (Signature)
May 25, 2011 - VIA EFS	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/535,000	05/16/2005	Masakazu Hatano	05318/HG	1933

TITLE OF INVENTION: REMEDY FOR GLAUCOMA COMPRISING RHO KINASE INHIBITOR AND BETA-BLOCKER

APPLN. TYPB	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/03/2011
EXAMINER	ART UNIT	CLASS-SUBCLASS				
HUANG, GIGI GEORGIANA	1627	424-400000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SANTEN PHARMACEUTICAL CO., LTD. OSAKA-SHI, OSAKA, JAPAN

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

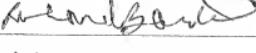
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number 06_1378 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date May 25, 2011

Typed or printed name Richard S. Barth

Registration No. 28,180

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